

#13 Notice of Appeal
11-8-02

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES (Small Entity)**

Docket No.
INE-0044C1

In Re Application Of:

SAM F. LIPRIE

Serial No. 09/681,302	Filing Date 3/15/2001	Examiner KEITH, JACK W.	Group Art Unit 3641
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Invention:

FLEXIBLE SOURCE WIRE FOR RADIATION TREATMENT OF DISEASES

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner dated finally rejecting Claim(s)

Applicant is a small entity under 37 CFR 1.9 and 1.27.

A verified statement of small entity status under 37 CFR 1.27:

- is enclosed.
- has already been filed in this application.

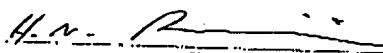
The fee for this Notice of Appeal is: \$160.00

- A check in the amount of the fee is enclosed.
- The Commissioner has already been authorized to charge fees in this application to a Deposit Account. A duplicate copy of this sheet is
- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 06-1130
A duplicate copy of this sheet is enclosed.

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GROUP 3600


Signature

Dated: NOVEMBER 7, 2002

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CC:

I certify that this document and fee is being deposited on [redacted] with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

P11SMALL/REV05

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s):

Docket No.

INE-0044C1

Serial No.
09/681,302Filing Date
MARCH 15, 2001Examiner
KEITH, JACK WGroup Art Unit
3641

Invention:

FLEXIBLE SOURCE WIRE FOR RADIATION TREATMENT OF DISEASES

I hereby certify that this

NOTICE OF APPEAL

(Identify type of correspondence)

is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703 305-7687)

on NOVEMBER 7, 2002
(Date)H. M. Bedingfield
(Typed or Printed Name of Person Signing Certificate)H. M. B.
(Signature)

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